

Instructions

Utilize this monitoring form if:

>You sponsor Adult Day Services (ADS) programs only or ADS and licensed childcare.

*Refer to Operational Memo #31, fiscal year 2015 for full CACFP Monitoring Requirements

Monitoring Requirements:

- For any new site(s), a first monitoring review occurs within the first 4 weeks of CACFP operation;
- Required amount of monitoring reviews are completed per active site* per year:
 - >If site operates 10 months or more: 3 reviews per year, 2 of which are unannounced
 - >If site operates 4 to 9 months: 2 reviews per year, 1 of which is unannounced
 - >If site operates less than 4 months: 1 review per year, must be unannounced
- 1 unannounced visit includes a meal service;
- No more than 6 months may elapse between reviews, (no more than 9 months if review averaging is utilized)

*Sites are identified by physical address, not by program. If you have a site with multiple programs, i.e. childcare and at-risk after school, then you complete the appropriate form for the meal you are observing. If this site is required to have 3 reviews completed, then you could complete a breakfast (childcare), lunch (childcare), supper (at-risk). You do not complete 3 reviews per program.

Best Practices:

- All monitoring reviews include a meal service observation
 - All monitoring reviews are checked for completeness before filing
- Before you complete your first monitoring review for the year complete pre-work on a visits, this includes:
- >Complete a monitoring tracking tool/schedule for the year to ensure requirements are met
 - >Complete any sections (as applicable) for the year ahead of time (i.e. training, enrollment, etc.) and once you have pre-marked appropriate sections to then make your copies for the year

Steps to Completing a Monitoring Review:

1. Ensure that you are completing the correct monitoring review form (see above or contact your analyst).
2. Complete the monitoring form by answering ALL questions and sections. If you need to expand on an answer please use the "comments" area provided.
3. Complete the appropriate monitoring Five Day Meal Count Reconciliation. This is required at every mentoring review. Use attachment A if meal attendance is recorded by participant first and last name and use attachment B if meal attendance is taken by aggregate total, for example: tick marks as meals are served. Please see attachment tab for additional instructions on completing this form.
4. The Meal Count Reconciliation Section must be completed at every monitoring review and is based on the accompanying Attachment A or Attachment B (see spreadsheet tab).
5. Attach the completed Five Day Meal Count Reconciliation form to your monitoring review form. Review the monitoring form for completeness and file.

(insert sponsor name,
address, phone number)

Child and Adult Care Food Program (CACFP) Monitoring **Review form for Sponsored Facilities (including Adult Day** **Services)**



This monitoring review form may be used by sponsors with sites participating in licensed care, including Adult Day Services. See the instructions tab for further information.

<input type="checkbox"/> Announced <input type="checkbox"/> Unannounced		Meal Observed: _____	
Facility Name and Address:		Sponsor Agreement:	Date:
		License #	Arrival Time:

REVIEW AREAS

Section 100. General Information		Yes	No	N/A	Comments
Licensing					
101	The center's license is current.				License expiration date: _____
102	The center is within its licensed capacity.				License capacity: _____
103	For Adult Day Services: Health & Safety Inspections are Current.				Number of children present: _____
Program					
104	The facility makes drinking water available to participants throughout the day.				
Section 200. Training		YES	NO	N/A	Comments
201	NEW FACILITIES/STAFF: Staff have received training from the sponsor prior to CACFP operations/responsibilities.				Date(s) of training:
202	The sponsor conducted annual CACFP training for all key staff.				
203	Sponsor training documentation includes: <input type="checkbox"/> date(s) <input type="checkbox"/> location(s) <input type="checkbox"/> topic(s) <input type="checkbox"/> names of participant(s)				
Section 300. Civil Rights		YES	NO	N/A	Comments
301	The sponsor has ensured there is no separation by race, color, sex, age, disability or national origin in the classroom, eating areas, seating arrangements, program admission, or institutional records.				
302	Potentially eligible persons and households have an equal opportunity to participate in CACFP.				
303	The USDA "And Justice for All" poster is displayed in a conspicuous location.				
304	The current USDA nondiscrimination statement is on all materials such as applications, pamphlets, forms or other program materials distributed to the public and on websites.				
305	Front-line facility staff have been trained on civil rights requirements and can verbalize action to take if a parent/guardian/participant desires to file a complaint against the food program.				
Section 400. Records and Record Keeping		YES	NO	N/A	Comments
401	A daily count is maintained for all meals served to adults who work in the program.				
402	The facility claims no more than 2 meals/1 snack or 1 meal/2 snacks per participant per day. (Does not apply to emergency shelters or at-risk programs)				
403	Emergency shelters only: The shelter claims no more than 3 meals (breakfast, lunch, supper) or 2 meals/1 snack per participant per day.				
404	At-Risk Programs: The program claims no more than one snack and one meal per participant per day.				
405	Meals are only claimed for a participant within the CACFP age requirements: <ul style="list-style-type: none"> • 12 years old or younger in licensed child care facilities • 15 years old or younger if the children are migrant • 18 years old or younger for At-Risk programs or emergency shelters • No age restriction for persons with mental or physical handicaps enrolled in a facility serving a majority of 18 years of age or younger. • Age 60 and older or age 18 and over, functionally impaired. 				
406	Facility daily attendance records are maintained.				
407	Meal attendance is taken at point of service.				
408	Meal attendance records are available and current.				

Section 500. Menus				YES	NO	N/A	Comments		
Review the current menu and answer the following questions:									
501	Menu(s) meet program requirements and include: month, date, specific components and serving sizes-required for infants.								
502	Menu(s) are available for meals claimed.								
502a	• Infants (0-5 months; 6-11 months)								
502b	• Children 1 year of age and older								
502c	• For adults age 60 and older or age 18 and over, functionally impaired.								
503	CACFP meal pattern requirements are met with sufficient detail for a creditable meal.								
504	There is a procedure in place for site staff to record menu substitutions.								
505	100% juice is limited to one meal/snack service per day, even when serving different participants.								
506	At least one serving of grains per day is whole grain-rich.								
507	Grain based desserts are not served as creditable components at meals/snacks.								
508	A meat/meat alternate was not served more than 3x weekly to replace the entire grain component at breakfast.								
509	Yogurt contains no more than 23 grams of sugar per 6 ounces.								
510	Breakfast cereals contain no more than 6 grams of sugar per dry ounce.								
511	At lunch and supper at least 1 vegetable and 1 fruit or 2 vegetables are served.								
512	Unflavored whole milk is served to children ages 1-2 years old.								
513	Unflavored low-fat milk is served to children ages 2-5 years old.								
514	CACFP Request for Special Dietary Needs Accommodations forms are available for participants with medical or other special dietary needs. [7 CFR 226.20(h)]								
515	CACFP Request for Special Dietary Needs Accommodations forms are available for participants receiving nutritionally equivalent milk substitutions.								
516	The facility offers formula and developmentally appropriate foods to infants.								
517	An Infant Formula/Food Sign-off Statement is on file for each child for whom the parent provides formula, breast milk, or infant foods.								
Section 600. Meal Observation									
Check meal/snack observed: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Snack_____ (specify)									
601	1 to 18 Year Olds/Adults			602	Infants				
Required Components	Specific Food Items			Required Components	0-5 months Specific Food Items		6-11 months Specific Food Items		
Milk Variety Served (list %)				Iron-fortified formula/Breast Milk					
Meat/Meat Alternate				Iron-fortified Infant Cereal or Meat/Meat Alternate					
Vegetable				*Vegetable / Fruit					
Fruit or 2nd Vegetable (Lunch and Supper only)				Grain					
Grain				Other					
2nd Grain (Adult Day Serves only)				*A serving of vegetable/fruit is required as developmentally appropriate.					
Other									
Record the number of participants observed at meal time:									
Room									Comments
Participants									
Program Adults									
Point of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Milk Variety Served									
*If there are more than 8 classrooms please complete the Additional Classroom Worksheet									

Section 600. Meal Observation (cont.)		YES	NO	N/A	Comments
	Based on the meal/snack observed:				
603	Minimum portion served meet meal/snack requirements for age groups. If no, the meal cannot be claimed.				
604	Meal/snack served met the appropriate meal/snack pattern for food components and for age served. If no, the meal cannot be claimed.				
605	Meal attendance was taken at point of service during meal observed. If no, the meal cannot be claimed.				
606	Meal/snack served was the same as indicated on posted menu for the day. If no, change was noted on the menu.				
607	Was the appropriate variety of milk served to the following age groups:				
	• Birth to age 1: formula or breast milk				
	• Children age 1 to 2: Unflavored whole milk				
	• Children 2 to 5: Unflavored 1%, 1/2%, or fat free (skim) milk				
	• Children 6 and older: Unflavored 1%, 1/2%, skim, OR flavored fat free (skim) milk				
	• Adult Day Services: 1%, 1/2%, or skim milk				
608	Offer vs. serve option is used correctly. (At Risk and Adult Day Services Programs Only)				
Section 700. Health and Safety		YES	NO	N/A	Comments
701	Were imminent threats to the health or safety of participants observed. If a threat was observed, describe in comments. Immediately notify the appropriate state or local licensing and health authorities and take action that is consistent with the recommendations and requirements of those authorities. Attach documentation of the agency contacted and the date of contact.				
Section 800. Enrollment (Not applicable for At-Risk programs and emergency shelters)		YES	NO	N/A	Comments
	<i>If not applicable, check N/A and skip this section.</i>				Please circle: Poster Pamphlet Other: _____
801	Current enrollment documentation is on file for each participant claimed.				
802	Enrollment forms are updated annually.				
803	Enrollment forms contain:				
	• Participant Name				
	• Dated participant's, parent, or legal guardian signature				
	• Normal days and hours in care				
	• Meals normally received while in care				
804	Are enrolled participants informed of WIC benefits? If yes, please provide how they are informed within the comments section.				
805	Is the Parent Information Sheet distributed to enrolled participants?				
Section 900. Meal Count Reconciliation		YES	NO	N/A	Comments
Compare the number of participants recorded on the facility's attendance and enrollment records to the meal counts for each meal type for five consecutive days (not including the day of the in-person monitoring visit). • Use <i>Attachment A</i> if the facility is reimbursed on actual daily meal counts by participant name. Select a random sample of at least 10 percent of the total enrollment, with a minimum of five participants to reconcile. Example: Child Care <div style="text-align: center;"> Total enrollment: _____ 10% or 5, whichever is greater: _____ </div> • Use <i>Attachment B</i> if the facility is reimbursed based upon daily totals instead of meal attendance by participant name. Example: At-Risk Programs					
901	Enrollment, daily center attendance, and meal attendance reconcile. If there are discrepancies, explain.				If there are discrepancies, please explain:
902	Compare the number of participants present during the meal observation to the number of meals claimed during the five days in the reconciliation. Do the numbers compare? If there are discrepancies between the number of participants present and the number of participants claimed, explain.				
** A 5 Day Meal Count Reconciliation (Attachment A or Attachment B) is required at each site monitoring review **					

Section 1000. Adult Day Services		YES	NO	N/A	Comments
	If not applicable, check N/A and skip this section.				
1001	The facility provides a community-based program.				
1002	The facility maintains records that qualified adult day service participants reside in their own home (whether alone or with family/guardian) or in a group living arrangement (not a nursing home or assisted living).				
1003	The facility meets the needs of functionally impaired disabled adults 18 years or older through an individual plan of care.				
1004	Does the facility claim meals/snacks under Part C of the Title III Older Americans Act.				
1005	Caterer is receiving Title III funds for meals delivered.				
1006	The facility keeps records of the age for all enrolled participants.				
1007	The facility keeps records to demonstrate each enrolled participant, under the age of 60, meets the functional impairment eligibility requirements.				
Section 1100. Previous Reviews and Findings		YES	NO	N/A	
1101	There were findings from previous review. If yes, list:				
1102	Findings from previous reviews were corrected. If no, please explain:				
1103	Summarize all findings and recommendations for corrective action.				
Facility Representative Signature					Date:
Sponsor Monitor Signature					Date:
					Departure Time:

Five-Day Reconciliation

Attachment A*

Page ____ of ____

*Complete Attachment A when point of service meal attendance is recorded by participant first and last name.

<p>Today's Date:_____</p> <p>Sponsor:_____</p> <p>Facility:_____</p> <p>License #:_____</p>	Day of the Week	Date	Instructions:
			1. Complete Page Number.
			2. Complete today's date, sponsor name, provider name and license number.
			3. Insert the days of the week and corresponding dates chosen for the five-day reconciliation. *The day of the monitoring review cannot count as one of the five days.
			4. Insert each child's name from the meal attendance.
		5. Mark the meal types recorded for each child from the meal attendance records for the five-day reconciliation period.	
		6. Check if child was in attendance for those five days. List from attendance records the child's time in and time out. This would include if the child left and came back from school.	
		7. Using each child's enrollment form, compare the days, the meals, and the times the parent indicated the child should participate against their meal attendance records to see if they match for the five-day reconciliation.	
		The day of the monitoring review cannot be counted in the five day reconciliation. Five previous days of meal service must be used	

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Five-Day Reconciliation

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Additional Classroom Worksheet

Record the number of participants observed at meal time:

Room						Comments
Participants						
Program Adults						
Point of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Milk Variety Served						